



Nevada EHR Incentive Payment System (NEIPS)



DHHS DHCFP Module 4 – Eligible Professionals

July, 2012

Welcome!

- Welcome to the Provider training for the Nevada EHR Incentive Payment System.
- Prerequisite training:
 - Module 1 Training Introduction
 - Module 2 Provider Overview
- This is the Module 4 Eligible Professional training.
- Length and duration: 60 slides; approximately 35 minutes.



Provider Training Overview

- Module 1 Introduction
- Module 2 Provider Overview
 - Mandatory first step for <u>all</u> providers Eligible Hospitals and Eligible Professionals
- Module 3 Eligible Hospitals
 - Details of Eligible Hospital Enrollment
- Module 4 Eligible Professionals
 - Details of Eligible Professional Enrollment, with exception of Group Processing
- Module 5 Eligible Professionals Group Lead
- Module 6 Eligible Professionals Group Member



Eligible Professionals

- Physicians (MD, DO)
- Nurse Practitioners
- Certified Nurse Mid-Wives
- Dentists
- Physicians Assistants (PAs) who practice in FQHC, RHC, or IHS led by a PA (PA must be enrolled in Nevada Medicaid)
- Minimum of 30% Medicaid patient volume (20% if Pediatrician)
- Practice predominantly in FQHC/RHC/IHS and have 30% patient volume to needy individuals
- Not Hospital-based (90% in hospital setting)



Eligible Professionals

Enrollment

- Step 1 Provider Registration, Payment Assignment, Exclusions
- Step 2 Medicaid Patient Volume Determination, Out-of-State Encounters
- Step 3 Adopt, Implement, Upgrade (AIU) Certified EHR Software
- Step 4 Medicaid Incentive Payment Determination
- Enrollment Summary
- Legal Notice
- Submit Enrollment
- Enrollment Confirmation

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DHHS Division of Health Care Financing & Policy

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Jackie R Jackson (NPI-1000000068)

Notifications

Welcome to the Nevada Incentive Payment Program for Electronic Records.

As a Medicaid Payment Incentive program participant, you will need to demonstrate Adoption, Implementation, and Upgrade (AIU) of certified EHR technology in the first year of the program and Meaningful Use (MU) for the remaining years in the program.

To ensure that you navigate successfully through all the steps required to complete enrollment in the program, please do not use the Back/Forward buttons in your browser.

Instructions

Select any section or tab to continue.

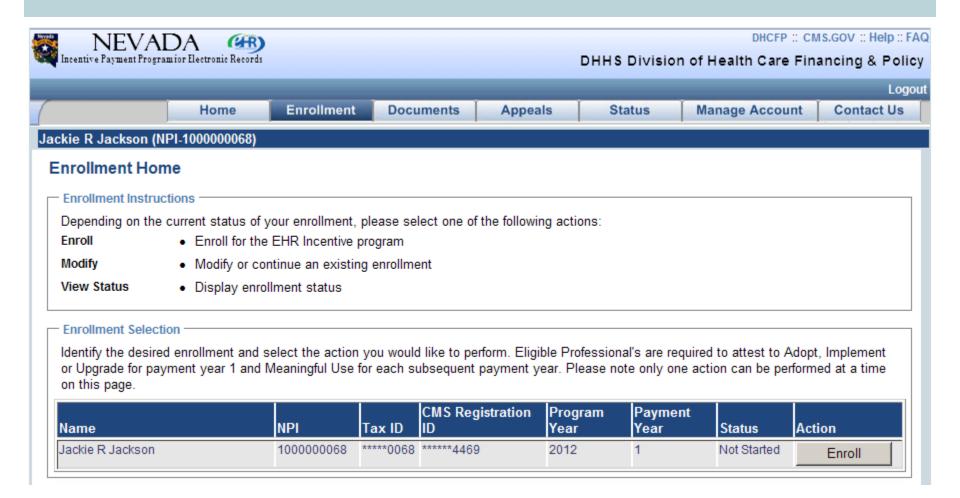
Enrollment

Click the Enrollment tab above to perform any of the following actions:

- Enroll for the Medicaid EHR Incentive Program
- · Continue Incomplete Enrollment
- Modify Existing Enrollment



Enrollment Home





Current Enrollment Status





- Step 1 - Provider Registration Verification

(*) Red asterisk indicates a required field.

Confirm the provider registration information that will be used to determine your eligibility for this program.

National Provider Information

Please review your attested registration information as received from the CMS.

Name: Jackie R Jackson

Provider Type: Physician

Provider Specialty: PEDIATRIC MEDICINE

Address: 555 S 18th St

Reno, NV 89598-2654

Phone #: (276) 889-7500 Ext: 8988

Tax ID: 200000068 (SSN)

NPI: 1000000068 CMS Registration ID: *****4469



State Provider Information

Attest if you are a pediatrician, a hospital-based provider, or if you practice predominantly in a FQHC/RHC/IHS where 50% of your patient encounters over a period of 6 months in the most recent calendar year occur through a FQHC, RHC, or IHS. For the purpose of the Nevada Medicaid Payment Incentive program only, a pediatrician is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must be a MD or DO who holds a current, in good-standing Board Certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics.

If practicing predominantly in a FQHC, RHC, or IHS, you are required to select your affiliated FQHC/RHC/IHS. You should also attest "No" for hospital-based, as this does not apply to Eligible Professionals who practice predominantly through an FQHC/RHC/IHS.

You are hospital-based if > 90% of your Medicaid services is rendered in the following two places of service (POS) codes for HIPAA standard transactions: 21-Inpatient Hospital and 23-Emergency Room.

*Are you at	testing a	s a hospital-based provider	?:
○Yes	⊙No		
*Are you at		s a Pediatrician?:	
*Do you pra	ctice pr	edominantly (>50% during 6-	month period) in a FQHC, RHC, or IHS?:
○ Yes	⊙No	Select FQHC/RHC	1
Affiliate	_		-



State Provider Information

Attest if you are a pediatrician, a hospital-based provider, or if you practice predominantly in a FQHC/RHC/IHS where 50% of your patient encounters over a period of 6 months in the most recent calendar year occur through a FQHC, RHC, or IHS. For the purpose of the Nevada Medicaid Payment Incentive program only, a pediatrician is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must be a MD or DO who holds a current, in good-standing Board Certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics.

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You are hospital-based if > 90% of your Medicaid services is rendered in the following two places of service (POS) codes for HIPAA standard transactions: 21-Inpatient Hospital and 23-Emergency Room.

*Are you at	testing a	s a hospital-based provide	er?:	
Yes	○No			
*Are you at	testing a	s a Pediatrician?:		
○Yes	⊙No			
*Do you pra	actice pre	edominantly (>50% during (6-month period) in a FQHC, RHC, or IHS	?:
○ Yes	⊙ No	Select FQHC/RHC		
Affiliate FQHC/R	_			





State Provider Information

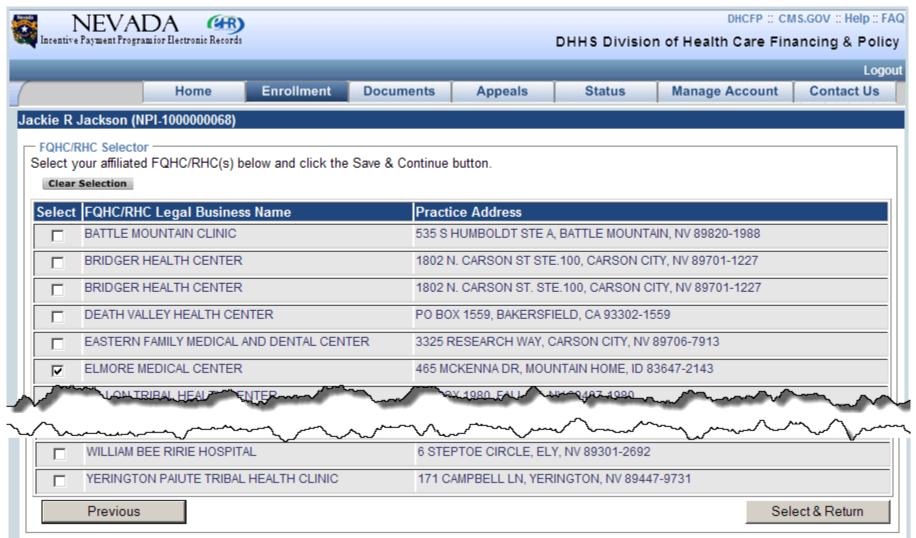
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You are hospital-based if > 90% of your Medicaid services is rendered in the following two places of service (POS) codes for HIPAA standard transactions: 21-Inpatient Hospital and 23-Emergency Room.

*Are you at	testing as a hospital-based provider?:
○Yes	⊙ No
*Are you at	testing as a Pediatrician?:
○Yes	⊙ No
*Do you pra	ctice predominantly (>50% during 6-month period) in a FQHC, RHC, or IHS?:
Yes	CNo Select FQHC/RHC
Affiliate FQHC/R	-







State Provider Information

Attest if you are a pediatrician, a hospital-based provider, or if you practice predominantly in a FQHC/RHC/IHS where 50% of your patient encounters over a period of 6 months in the most recent calendar year occur through a FQHC, RHC, or IHS. For the purpose of the Nevada Medicaid Payment Incentive program only, a pediatrician is a medical doctor who diagnoses, treats, examines, and prevents diseases and injuries in children. A pediatrician must be a MD or DO who holds a current, in good-standing Board Certification in Pediatrics through the American Board of Surgery, the American Board of Radiology, the American Board of Urology, or the American Osteopathic Board of Pediatrics.

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*Are you at	testing as	a hospital-based provide	?:
○Yes	⊙ No		
*Are you at	testing as	a Pediatrician?:	
○Yes	⊙ No		
*Do you pra	ctice pre	dominantly (>50% during 6	-month period) in a FQHC, RHC, or IHS?:
Yes	ONo	Select FQHC/RHC	
Affiliated FQHC/RI		Elmore Medical	Center

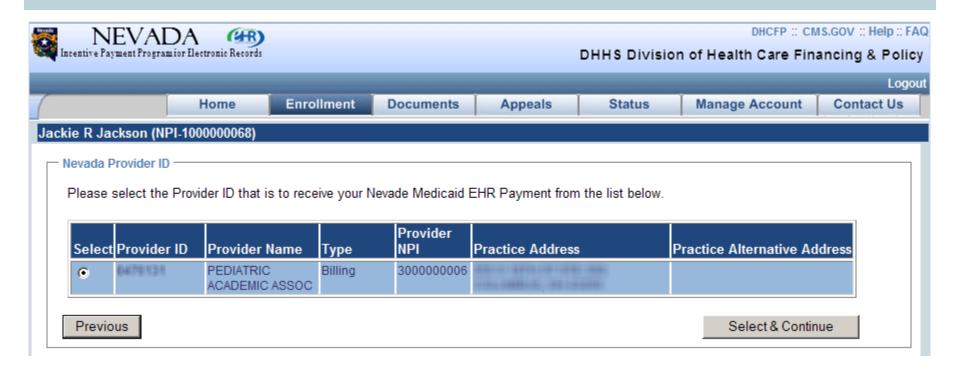


Group Practice -Select If you are attesting as part of a group practice, if yes, enter a valid Group TIN and then click the Select Group button. You will be directed to the page where you can join an existing group or create a new one. **Are you attesting your Patient Volume as part of a Group Practice? ○ Yes ⊙ No. Payment Assignment Select your payee Medicaid ID by clicking the button below. To validate your payee, click the validate payee button below. Payee Name: * Payee Medicaid ID: | Select Medicaid ID Payee Address: Payee TIN: *****0006 Payee NPI: 3000000006 Exclusions Federal Exclusions Exist: No. State Exclusions Exist: No. Save & Continue Previous

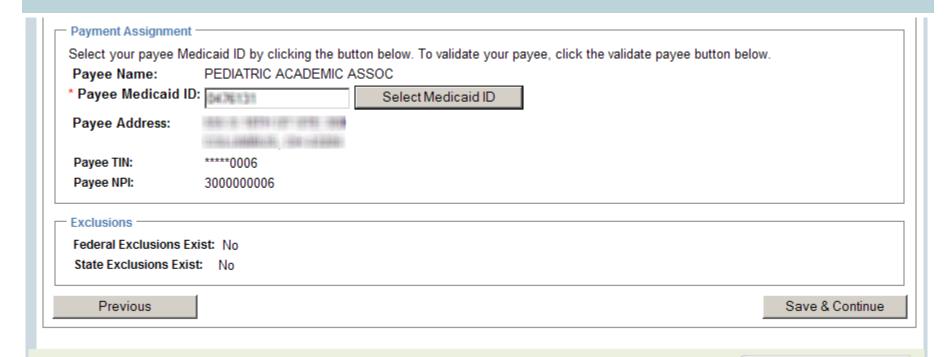
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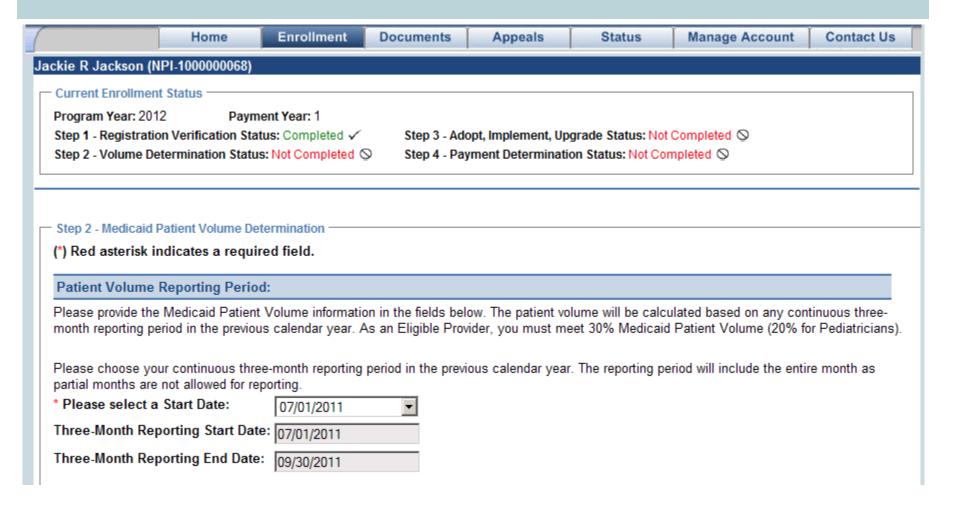
dhcfp.nv.gov/EHRIncentives.htm



Current Enrollment Status









Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

○ Yes ⊙ No

Select States/Territories

Selected States/Territories:



Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes ○ No

Select States/Territories

Selected States/Territories:



elect	State
	Alabama
	Alaska
	American Samoa
V	Arizona
	Arkansas
V	California
	Colorado
	Connecticut
	Delaware
	District of Columbia
	Federated States of Micronesia
Г	Florida



Out-Of-State Encounters:

The inclusion of out-of-state encounters is optional and may initiate an eligibility verification review. You will be required to attest to whether or not you are using out-of-state encounters in your patient volume calculation, and if so, which states. If out-of-state encounters were included in the numerator, describing all Medicaid encounters then all out-of-state encounters must also be included in the denominator. Documentation must be uploaded to support the out-of-state encounters.

Were out-of-state encounters included in your patient volume calculation?

Yes ○ No.

Select States/Territories

Selected States/Territories: Arizona, California, Idaho, Oregon, Utah



Enrollment Step 2 – Encounter Option

Patient Volume Attestation:

When entering your Medicaid Patient Volume, you must choose one of the following options:

- Encounter Option-This option is based on total number of Medicaid Encounters divided by your Total Patient Encounters.
- Panel Option-This option is based on total number of Medicaid Panel Assignments and Medicaid Encounters divided by your Total Panel Assignments and Total Patient Encounters.

The following are considered Medicaid Encounters:

- · Services rendered on any one day to an individual where Medicaid paid for part or all of the service.
- Services rendered on any one day to an individual where Medicaid paid all or part of their premiums, copayments, and/or cost-sharing.

Encounter Option	
Medicaid Patient Encounters:	1000
Total Patient Encounters:	3000
Medicaid Patient Volumes:	33%

Medicaid Patient Encounters must not include individuals covered under CHIP.



Enrollment Step 2 – Panel Option

Panel Option		
Medicaid Panel Assignments:		
Medicaid Patient Encounters:		
Total Panel Assignments:		
Total Patient Encounters:		
Medicaid Patient Volumes:		
	Lipload Volume Document	Save & Continu
Medicaid Patient Encounters n	Upload Volume Document	Save & Continu



Enrollment Step 2 – FQHC/RHC/IHS

Patient Volume Attestation:

The following are considered Needy Encounters:

- Services rendered on any one day to an individual where Medicaid or CHIP paid for part or all of the service are defined as a single encounter.
- Services rendered on any one day to an individual for where Medicaid or CHIP paid all or part of their copayments, and/or cost-sharing are defined as a single encounter.
- Services furnished at no cost; and calculated as being uncompensated or charity care are defined as a single encounter. If you use uncompensated care instead of charity care, you must subtract bad debt.

When entering your Needy Patient Encounter Volume, You must choose one of the following options

- Individual Volume The Patient Volume associated with an individual EP
- Clinic Volume The Patient Volume associated with an EP in a Clinic

The Encounter Option is based on total number of Needy Encounters divided by your Total Patient Encounters

C Individual Volume	C Clinic Volume
*Needy Patient Encounters:	
*Total Patient Encounters:	
Needy Patient Volume:	

Previous

Upload Volume Document

Save & Continue



Volume Determination Warning

Attested information is subject to audit against Medicaid claims and encounter data as documented in the state MMIS System. If a discrepancy between MMIS Medicaid Claims and Encounter data and your attested data exists you will be subject to audit. Supporting documentation will be requested to support the attested volume levels.

Modify Volumes

Continue

Confirm Volume Threshold Failure

Provider Name: Jackie R Jackson

Failed Reason: Provided Volumes do not meet threshold

You have been deemed Not Eligible for the reason stated above. You can update your Step 2 attestation by clicking the Update button OR confirm the failure by clicking the Confirm button.

If you confirm the failure you will be deemed not eligible for the EHR incentive program for this payment year.

Update

Confirm



Current Enrollment Status





Jackie R Jackson (NPI-1000000068)

Current Enrollment Status :

Program Year: 2012 Payment Year: 1

Step 1 - Registration Verification Status: Completed ✓

Step 2 - Volume Determination Status: Completed ✓

Step 3 - Adopt, Implement, Upgrade Status: Not Completed ○

Step 4 - Payment Determination Status: Not Completed ○

Step 3 - Adopt, Implement, Upgrade Certified EHR Software

(*) Red asterisk indicates a required field.

Providers must attest to the Adoption, Implementation, and Upgrade of certified EHR technology to be eligible for the Medicaid EHR Incentive Payment Program, Adoption, Implementation, and Upgrade of Certified EHR technology is defined as:

Adoption:

Evidence that installation of certified EHR technology occurred prior to the Medicaid Incentive payment. This evidence would serve to differentiate between activities that may not result in installation. For example: Researching EHRs or Interviewing EHR vendors and actual purchase, acquisition, or installation.

Implementation: The provider has installed certified EHR technology and has started using it in clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic and administrative data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories, pharmacies, or HIEs.

Upgrade:

The expansion of the functionality of the certified EHR technology, such as the migrating from a non-certified to certified EHR technology, addition of clinical decision support, e-prescribing functionality, CPOE or other enhancements that facilitate the meaningful use of certified EHR technology.

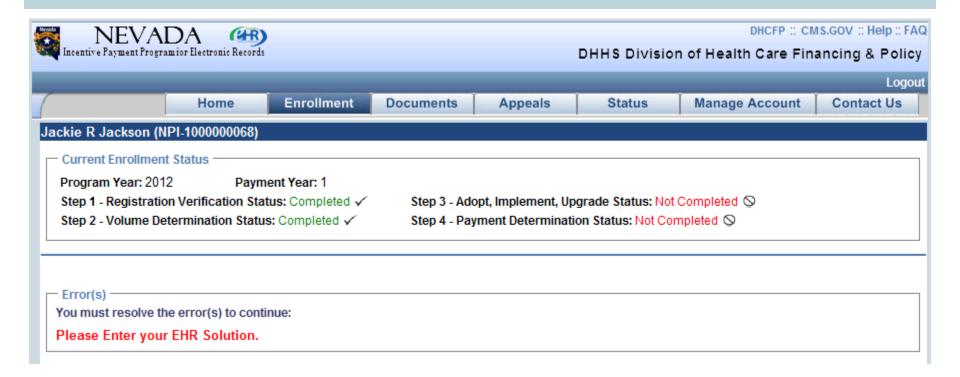


CMS EHR Certificatio	ID: 30000001SWQT	EAS		
inancially and Legal	y Binding Supportin	g Documentation:		
Purchase Order				
☐ Contract				
☐ EHR Software Lice	nse			
☐ Other				
You may upload any/all enrollment.	of these documents no	w via the Upload Documents button bel	ow, or at any point in the	process prior submitting you



*CMS EHR Certification ID: 30000001SWQTEAS_force_error				
inancially and Lega	ly Binding Supportin	g Documentation:		
Purchase Order				
☐ Contract				
☐ EHR Software Lie	ense			
☐ Other				
You may upload any/a enrollment.	of these documents no	ow via the Upload Documents button below, or a	t any point in the process p	rior submitting you







Current Enrollment Status





Step 4 - EHR Payment Determination

For all Eligible professionals, the Medicaid incentive payment amount is calculated based on the attested patient volume, allowed cost for technology, funding from other sources, and provider cost responsibility as defined by CMS. The table below shows the Medicaid EHR incentive payment amount you could receive based on your current payment year. Please note: According to CMS an eligible provider must not retain more than 5 percent of the payment for costs unrelated to certified EHR technology (and support services including maintenance and training) that is for, or is necessary for, the operation of the technology.

Eligible Professional Payment Schedule

\$63,750

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667

\$42,500

Previous

Total:

Save & Continue



Enrollment Summary





Enrollment Summary

Group Practice

Reporting as Group: No

Group Enroller:

Group Medicaid ID:

Group Name:

Group Address:

Group TIN:

Group NPI:

Group Member:

Payee Assignment

Payee Medicaid ID: (#751311

Payee Name: PEDIATRIC ACADEMIC ASSOC

Payee Address:

Payee TIN: *****0006
Payee NPI: 3000000006



Enrollment Summary

Step 2 - Patient Volume Determination

Patient Volume Reporting Period:

Three-Month Reporting Period: 07/01/2011 - 09/30/2011

Out-of-State Encounters Attestation:

Out-Of-State Encounters: No

Selected States/Territories:

Patient Volume Attestation:

Medicaid Panel Assignments: N/A
Total Panel Assignments: N/A
Medicaid Patient Encounters: 1,000
Total Patient Encounters: 3,000
Medicaid Patient Volumes: 33 %

Step 3 - Adopt, Implement, Update Certified EHR Software

AIU Designation: Adopt

CMS EHR Certification ID: 30000001SWQTEAS
Supporting Purchase Order

Documentation:



Enrollment Summary

Step 4 - EHR Payment Determination

Eligible Professional Payment Schedule

Payment Year	EP >30% Patient Volume	Pediatrician >20% & <30% Patient Volume
1	\$21,250	\$14,167
2	\$8,500	\$5,667
3	\$8,500	\$5,667
4	\$8,500	\$5,667
5	\$8,500	\$5,667
6	\$8,500	\$5,667

Total: \$63,750 \$42,500

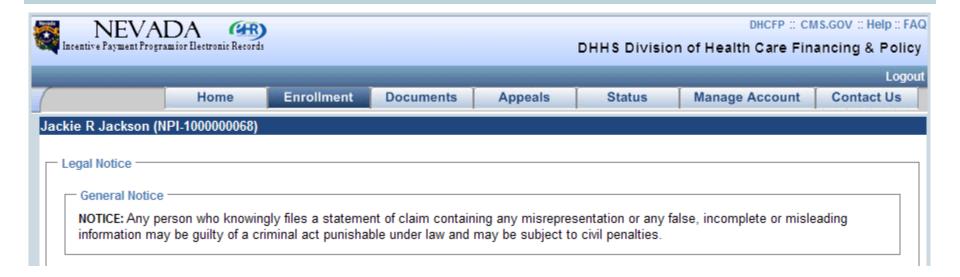
Previous

Continue

dhcfp.nv.gov/EHRIncentives.htm









Signature

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I certify that I have not requested or received additional Medicaid Incentive Program payments from other states that would result in a duplicate payment.

I hereby agree to keep all records related to the purchase of my system and all records that are necessary to demonstrate that I met the Medicaid Incentive Program requirements, including Federal requirements found at 42 CFR Part 495, for no less than 7 years following the last day of the calendar year in which payment related to the attestation has been received. In the event of an active audit, I will be required to maintain documentation until the audit and any appeal of the audit is resolved. I agree to furnish and otherwise make available, any and all documents and access to relevant staff as requested by the Medicaid State Agency, or other agents working on its behalf.

No Medicaid EHR Incentive Payment may be paid unless this registration form is completed as required by existing law and regulations. I hereby certify that I am an active Nevada Medicaid provider in good standing with an active Nevada Medicaid Provider agreement.

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may, upon conviction, be subject to fine and imprisonment under applicable Federal and State laws.

ROUTINE USE(S): Information from this Nevada Medicaid Incentive Program enrollment form and subsequently submitted information and documents may be given

- · to the Internal Revenue Service;
- · private collection agencies;
- · and consumer reporting agencies in connection with recoupment of any overpayment made; and
- Congressional Offices in response to inquiries made at the request of the person to whom a record pertains.
- Appropriate disclosures may be made under state law (for example, under a public records request) and to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Nevada Medicaid Incentive Program.



DISCLOSURES:

Note: Completion of this form does not guarantee payment.

Failure to provide information will result in delay in payment or may result in denial of the Nevada Medicaid Incentive Program payment.

Failure to furnish information will prevent Nevada Medicaid Incentive Program payments from being issued. Failure to furnish information or documents after payment has been made will result in the issuance of an overpayment demand letter followed by recoupment procedures. Recipients of Nevada Medicaid Incentive Program payments indicate that by their completion of this application their understanding and agreement to report any suspected overpayments of an incentive payment to the Medicaid State Agency within 60 days of its discovery.

- You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.
- . I hereby certify that I have the legal authority to sign this Legal Notice.

With the exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information on this registration form will prevent Medicaid EHR incentive payments from being issued. Failure to furnish subsequently requested information or documents will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory to state if you believe you have been overpaid under the Medicaid EHR Incentive Program.

I acknowledge that I am aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.



I agree that the Medicaid State Agency can - through offsets, recoupment, adjustments, or other collection methods - apply Medicaid Incentive Payments to reimburse or pay for Medicaid overpayments, fines, penalties, or other debts owed by the provider or its assignee(s) to the Medicaid State Agency and any of its subsidiaries or agencies under the Nevada Department of Health and Human Services, Nevada county or local governments, US Department of Health and Human Services, or any other Federal agency. I further agree to cooperate with the Medicaid State Agency in its collection efforts, including executing any documents to effect or implement such offsets, recoupment, adjustments, or other collection methods.

* Electronic Signature - Full Name of Authorizing Official

Jackie R Jackson (NPI-1000000068)

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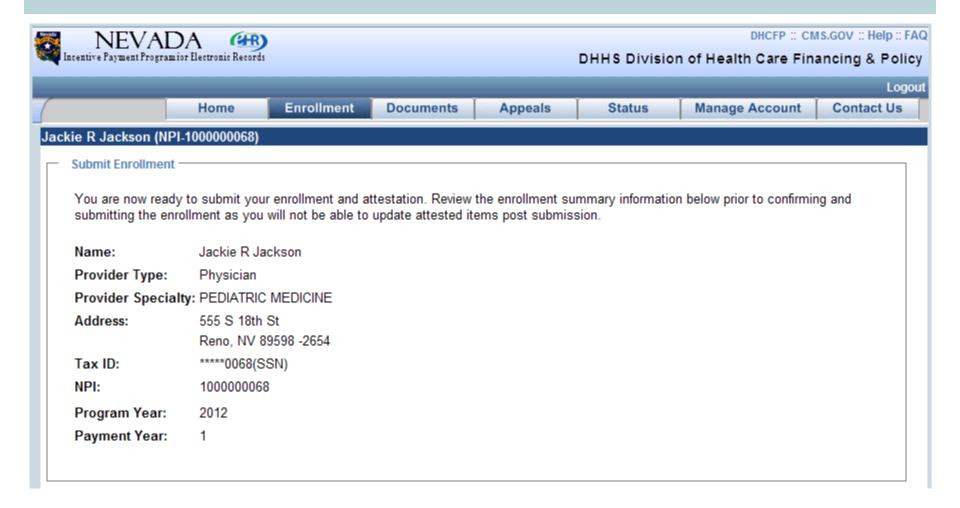
Agree & Continue

Disagree

dhcfp.nv.gov/EHRIncentives.htm

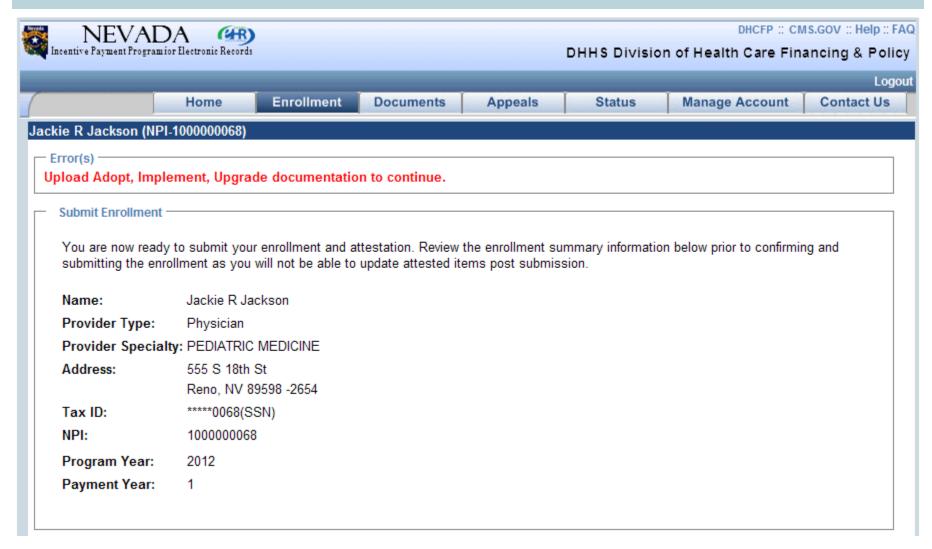


Submit Enrollment



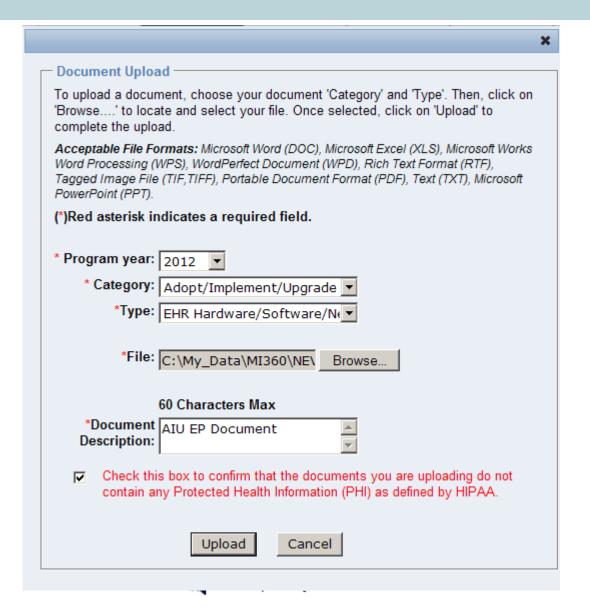


Submit Enrollment



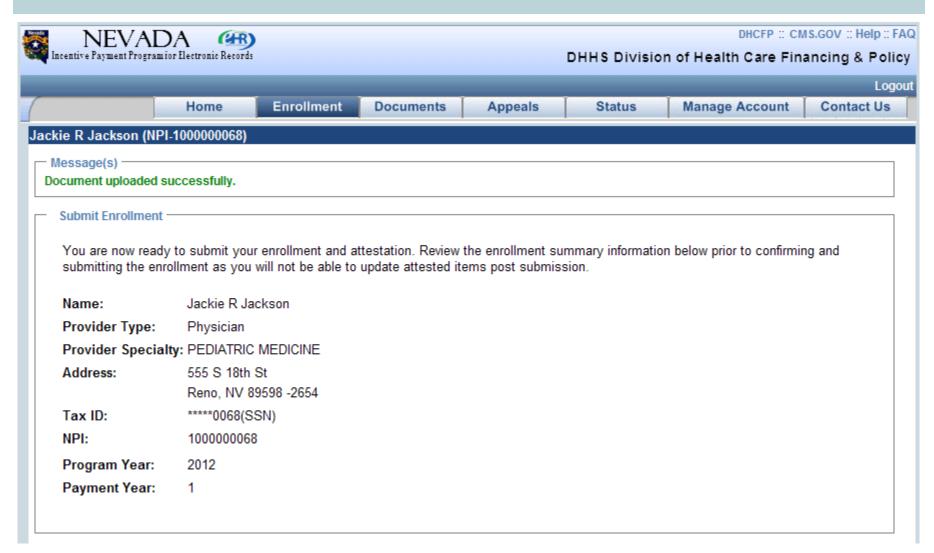


Upload Document



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Submit Enrollment





Enrollment Confirmation

Jackie R Jackson (NPI-1000000068)

Congratulations - You have successfully completed enrollment for the payment year!

Enrollment Confirmation

The Eligible Professional (EP) demonstrates Adopt, Implement Or Upgrade of certified EHR technology by meeting the applicable objectives and associated measures for enrollment.

- · The Federal provider information was verified.
- The EHR Incentive Payment was assigned.
- The Medicaid Patient Volume(PV) met enrollment minimum standards.
- . The certified EHR Solution met AIU minimum standards

Note: Please print this page for your records. You will also receive an email notification of your enrollment confirmation.

Enrollment Tracking Information

Enrollment Confirmation Number: NV-2012-1000000068

Enrollment Submission Date: 07/05/2012

Name: Jackie R Jackson

Provider Type: Physician

Provider Specialty: PEDIATRIC MEDICINE

Address: 555 S 18th St

Reno, NV 89598 -2654

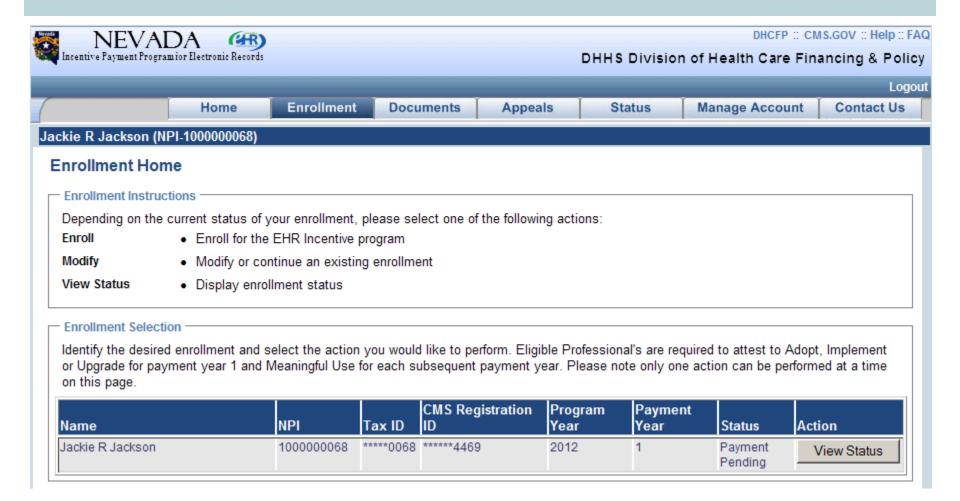
Tax ID: *****0068 (SSN)
NPI: 1000000068

Program Year: 2012

Payment Year: 1



Enrollment Home





Enrollment Home



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DHHS Division of Health Care Financing & Policy

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Enrollment

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Contact Us

Jackie R Jackson (NPI-1000000068)

Enrollment Home

- Enrollment Instructions

Depending on the current status of your enrollment, please select one of the following actions:

Enroll

· Enroll for the EHR Incentive program

Modify

· Modify or continue an existing enrollment

View Status

· Display enrollment status

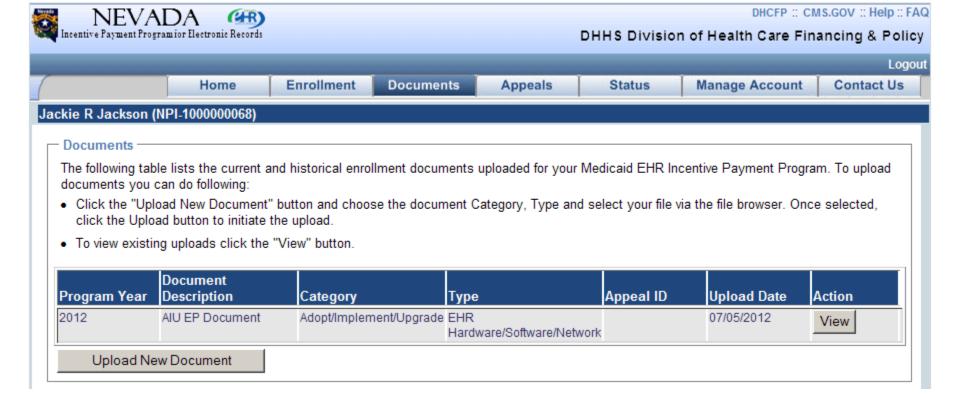
Enrollment Selection

Identify the desired enrollment and select the action you would like to perform. Eligible Professional's are required to attest to Adopt, Implement or Upgrade for payment year 1 and Meaningful Use for each subsequent payment year. Please note only one action can be performed at a time on this page.

Name	NPI	Tax ID	CMS Registration ID	Program Year	Payment Year	Status	Action
Jackie R Jackson	1000000068	*****0068	*****4469	2012	1	Payment Pending	View Status
Jackie R Jackson	1000000068	*****0068	*****4469	2011	1	Expired	

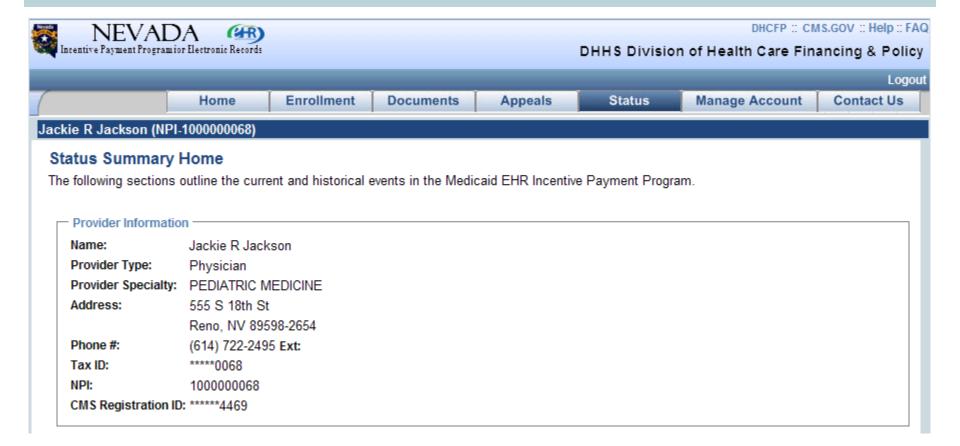


Documents





Status





Status

Status Summary

Select View Details button below to see the complete details for each of your enrollments.

Program Year	Payment Year			Patient Volume	AIU/MU Met	 Calculated Amount	Action
2012		Payment Pending	07/05/2012	33%	Yes	 	 View Details

Total Amount Paid: \$0.00

If your status is "Not Started", you can begin the enrollment process via the Enrollment Home page. If your status is "In-Progress", you can continue or modify your enrollment information via the Enrollment Home page. If your status is "Payment Pending" or "Paid", you cannot modify your enrollment information. Please contact a Nevada Medicaid EHR Incentive Program Specialist at 1-888-639-3452 if you need assistance.

dhcfp.nv.gov/EHRIncentives.htm





Status

- Status Summary

Select View Details button below to see the complete details for each of your enrollments.

Program Year	Payment Year		Submitted Date	Patient Volume	AIU/MU Met	Calculated Amount	Disbursed Amount	Action
2012		Payment Pending	07/05/2012	33%	Yes	 		View Details
2011	1	Expired			No	 		View Details

Total Amount Paid: \$0.00

If your status is "Not Started", you can begin the enrollment process via the Enrollment Home page. If your status is "In-Progress", you can continue or modify your enrollment information via the Enrollment Home page. If your status is "Payment Pending" or "Paid", you cannot modify your enrollment information. Please contact a Nevada Medicaid EHR Incentive Program Specialist at 1-888-639-3452 if you need assistance.

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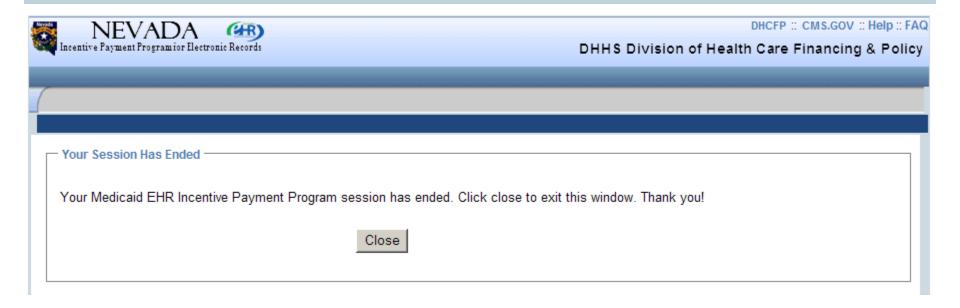


Status – Enrollment Summary





Your Session Has Ended





Notifications

- Emails sent to your Nevada EHR Incentive Payment System (NEIPS) email address
- Intuitive status, informational, warnings



Eligible Professional Summary

- Enrollment
- Status
- Documents
- Appeals
- Manage Account
- Contact Us



Eligible Professionals

- You have completed Module 4 Eligible Professionals training!
- If applicable, additional EP training:
 - Module 5 Group Lead
 - Module 6 Group Member
- If you do not require additional EP training, this marks the completion of your training and you are ready to enroll in the Nevada EHR Incentive Payment System!



Thank You!

